COMPPARTNERS

URAC ACCREDITED INDEPENDENT REVIEW ORGANIZATION

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 3/22/10

IRO CASE #: **NAME:**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for chronic pain management program – 10 sessions - 97799-8.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Texas licensed pain management specialist.

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

□ Upheld (Agree)

x Overturned (Disagree)

□ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The previously denied request for chronic pain management program – 10 sessions - 97799-8.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Request for Review by IRO dated 2/20/10
- Request Letter dated 2/5/10
- Denial Determination Letter dated 2/11/10,1/20/10
- Weekly Progress Note Week # 8 dated 2/1/10,1/25/10,1/18/10,1/11/10,1/4/10, 12/28/09, 12/21/09
- Statement of Medical Necessity dated 1/14/10, 12/17/09
- Pre-Certification Request dated 1/13/10
- Report of Medical Evaluation dated 12/8/09
- Impairment Rating Report dated 12/8/09
- Basic Interpretive Report dated 12/3/09
- Evaluation dated 12/3/09
- Patient Referral and Intake Form dated 12/2/09

There were no guidelines provided by the URA for this referral.

PATIENT CLINICAL HISTORY (SUMMARY):

Age: xx
Gender: Male
Date of Injury: xx/xx/xx
Mechanism of Injury:.

Diagnosis: Chronic pain in the left shoulder.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

This male had a history of left shoulder pain since sustaining an injury on xx/xx/xx. The mechanism of injury was pulling. His diagnosis was chronic pain in the shoulder. According to the 01-14-10 medical note, there was left shoulder pain. The patient had poor concentration, poor sleep and had concerns of re-injury. On physical exam there was decreased range of motion, decreased strength and in the left arm, shoulder, and hand. He also had decreased grip in the left hand. He was on Naprosyn and Norco. He has had multimodality conservative treatments including medications, physical therapy (PT), and left shoulder surgery on 06-29-09. He had post-op physical therapy (x 12) with work hardening sessions (x 20). He still had pain and could not return to work yet. He had an evaluation by a multidisciplinary pain team and a recommendation was made for a pain program. According to the note, the patient had a desire to return to work, had a good attitude and was cooperative. The ODG state, *"Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary in the following circumstances: (1) The patient has a chronic pain syndrome, with evidence of*

loss of function that persists beyond three months and has evidence of three or more of the following: (a) Use of prescription drugs beyond the recommended duration and/or abuse of or dependence on prescription drugs or other substances; (b) Excessive dependence on health-care providers, spouse, or family; (c) Secondary physical deconditioning due to disuse and/or fear-avoidance of physical activity due to pain; (d) Withdrawal from socialactivities, including work, recreation, or other social contacts; (e) Failure to restore preinjury function after a period of disability such that the physical capacity is insufficient to pursue work, family, or recreational needs; (f) Development of psychosocial sequelae that limits function or recovery after the initial incident, including anxiety, fear-avoidance, depression or nonorganic illness behaviors; (g) The diagnosis is not primarily a personality disorder or psychological condition without a physical component; (2) The patient has a significant loss of ability to function independently resulting from the chronic pain; (3) Previous methods of treating the chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (4) If a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided (5) An adequate and thorough multidisciplinary evaluation has been made. Include pertinent validated diagnostic testing to rule out treatable physical conditions, baseline functional and psychological testing so follow-up with the same test can note functional and psychological improvement; (6) There should be documentation that the patient exhibits motivation to change, and is willing to decrease opiate dependence and or other secondary gains. (7) Negative predictors of success as outlined above Should be identified…addressed. (9) Treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. (Note: Patients may get worse before they get better. For example, objective gains may be moving joints that are stiff from lack of use, resulting in increased subjective pain.) However, it is also not suggested that a continuous course of treatment be interrupted at two weeks solely to document these gains, if there are preliminary indications that these gains are being made on a concurrent basis.(11) Integrative summary reports that include treatment goals, compliance, progress assessment with objective measures and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program; (10) Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function; (12) At the conclusion and subsequently, neither re-enrollment in nor repetition of the same or similar rehabilitation program (e.g. work hardening, work conditioning, out-patient medical rehabilitation) is medically warranted for the same condition or injury. After reviewing the records, it did seem that all of the above criteria were met for this request and the request should be certified for 10 sessions over 2 weeks.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

□ ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE.

□ AHCPR – AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES.

□ DWC – DIVISION OF WORKERS' COMPENSATION POLICIES OR GUIDELINES.

□ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN.

□ INTERQUAL CRITERIA.

□ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS.

□ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES.

□ MILLIMAN CARE GUIDELINES.

x ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.

Official Disability Guidelines (ODG), Treatment Index, 8th Edition (web), 2010, Pain -Criteria for the general use of multidisciplinary pain management programs.

□ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.

□ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND PRACTICE PARAMETERS.

□ TEXAS TACADA GUIDELINES.

□ TMF SCREENING CRITERIA MANUAL.

□ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION).

□ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION).